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## BIB DATA SHEET

CONFIRMATION NO. 9909

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/589,687	08/17/2006 RULE	435	1647	ERI-147XX	
<b>APPLICANTS</b> Andrius Kazlauskas, Winchester, MA; /CMM/ 8/11/2008 Guilio Romeo, Somerville, MA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/05668 02/22/2005 /CMM/ 8/11/2008 which claims benefit of 60/546,389 02/20/2004					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/17/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHERIE M WOODWARD/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR            COUNTRY</b> MA	<b>SHEETS            DRAWINGS</b> 3	<b>TOTAL            CLAIMS</b> 27	<b>INDEPENDENT            CLAIMS</b> 4
<b>ADDRESS</b> WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP TEN POST OFFICE SQUARE BOSTON, MA 02109 UNITED STATES					
<b>TITLE</b> Diagnosis or treatment of endothelial cell dysfunction related diseases					
<b>FILING FEE            RECEIVED</b> 805	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	